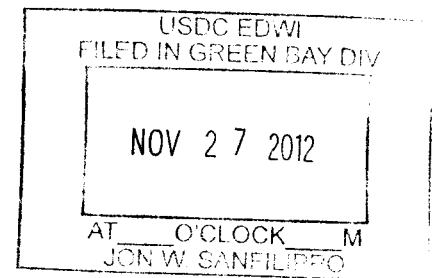


U.S. District Court
Eastern District of Wis.
125 Jefferson St.
Green Bay, Wis. 54301-4541



Petition to Proceed in Forma Pauperis
Summary of Judgement
F.R. Civ. P. 56(c)

To The Honorable, Judge William C. Griesbach .

1). I am the Plaintiff in the above matter and because of my financial condition I am unable to pay the required filing fee of \$_____?_____.

2). I am unable to obtain funds from anyone, including family and associates, to pay the fee.

3). I am currently a recipient of the following type(s) of Benefits;
A). Social Security B). Food Share of Wis. C). Medicare & Medicaid and
D). Medicare RX. HealthSprings Ins. B), C), and D) are State funded.

I am not currently receiving any other form of benefits, but I am attaching a completed Poverty Affidavit that verifies my financial condition, as to why I cannot afford to pay the aforementioned filing fee.


I verify that the statement made in this Petition are true and correct. I understand that false statements herein are made subject to the penalties, relating to unsworn falsification to authorities.

Dated: _____

Michael J. Belleau
1025 Edwin St
Marinette, Wis. 54143

Social Security Administration

Date: May 14, 2012
Claim Number: 394-40-1921A

1BEV010006044 0.345 MB 0.404 T00000021
 MICHAEL J BELLEAU
1025 EDWIN ST
MARINETTE WI 54143-4015

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2011, the full monthly Social Security benefit before any deductions is \$ 1161.70.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 1161.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Medicare Information

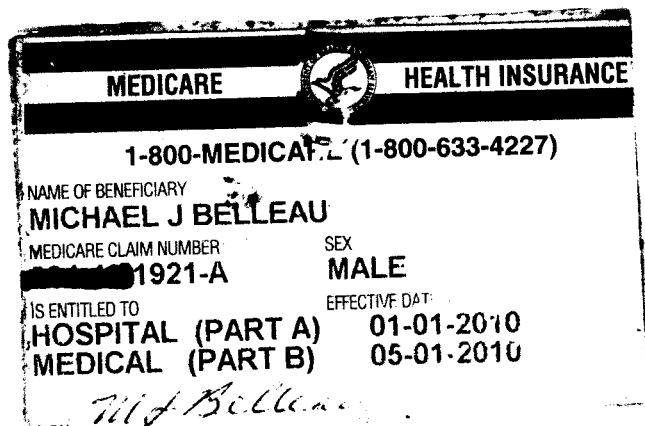
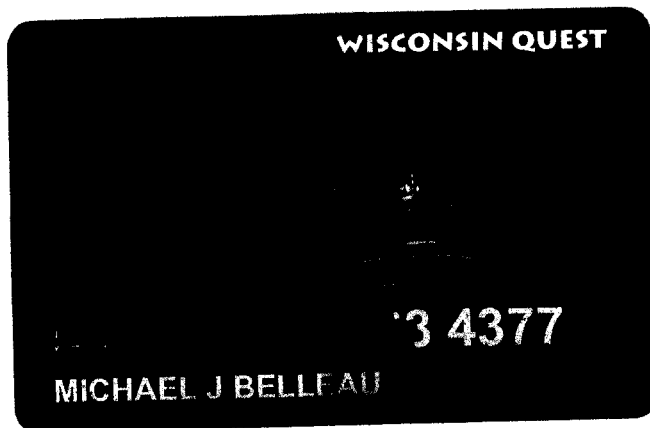
You are entitled to hospital insurance under Medicare beginning January 2010.

You are entitled to medical insurance under Medicare beginning May 2010.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 888-366-6151. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2023 LAKE PARK DR
MARINETTE, WI 54143

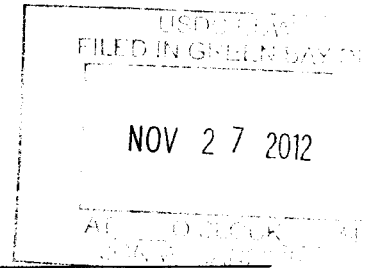


Prescription Drug Plan (PDP)
CMS S5932 015

Issuer ID (80840): 9151014609
Member ID: 780625299*01
Name: MICHAEL BELLEAU
RxBin: 610011
RxPCN: HTHSPRING

MedicareRx
Prescription Drug Coverage

U.S. District Court
Eastern District of Wis.
125 Jefferson St.
Green Bay, Wis. 54301-4541



Poverty Affidavit

- 1). I Michael J. Belleau am the Plaintiff in a matter of Summary Judgment and because of my financial condition I am unable to pay the fees and cost of prosecuting or defending the action or proceeding.
- 2). I am unable to obtain funds from anyone, including family and associates, to pay the fees and cost of litigation.
- 3). I represent that the information below relating to my ability to pay the fees and cost is true and correct:

(a) Name: Michael J. Belleau, 1025 Edwin St., Marinette, Wis.
Social Security Number: 394 - 40 - 1921

Employment:

(b) At the present time I am 'Retired' effective June, 2010, at age 66.

(c) Other income within the past twelve months:

Business or profession:	None.	Support payments:	None.
Other Self-employment:	None.	Disability payments:	None.
Dividends:	None.	Pension & annuities:	Social Security.
Public assistance/welfare:	None.	Unemployment compensation and/or supplemental benefits:	None.

(d) Other household support: None.

(e) Property owned: Cash: / Checking account: \$3,825.79.

Saving account: None. Certificates of deposit: None.

Real estate(including home): None.

Motor vehicle: Make: None. Year: None.

Cost: None. Amount Owed: None.

Stocks: Bonds: None. Other: None.

(f) Debts and obligations:

Mortgage: None. Rent: None.

Loans: None.

Other: Household responsibilities shared in commonality.

(g) Persons dependent upon you for support:

Domestic Spouse / Name: Julie Stangl .

Children: None.

4. I understand that I have a continuing obligation to inform the court of improvements in my financial circumstances which would permit me to pay the cost incurred herein.
5. I verify that the statements in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties relating to unsworn falsification to authorities.

Nov. 26, 2012
Date

Michael J. Bellone
Petitioner